

DCPS Summer School Enrollment Form

Middle School Application for Summer School 2009



DCPS Office of Out-of-School Time ~ 825 North Capitol Street NE Washington, DC 20002 ~ 202.442.5002

Summer School Site: _____

Student Information

Name: _____ Student ID: _____

Address: _____ Preferred Language: _____

08/09 Grade: _____ Winter School: _____ Date of Birth: _____

Contact Information

Parent/Guardian Name: _____ Relationship: _____

Address: _____ Phone: _____ E-mail: _____

Emergency Contact Name: _____ Relationship: _____

Address: _____ Phone: _____ E-mail: _____

Pick-Up Information

- Please check all that apply:

☐ My child may be picked up by any of the following people:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

☐ My child may walk home alone at _____ p.m. unless otherwise specified.

Release Information

- I agree to the following terms:

I hereby give permission for my child to participate in summer school activities sponsored by DCPS.

I allow DCPS to use photos of my child and copies of my child's work for program advertisement, without use of my child's name.

I allow participating Community Based Organizations (CBOs) to access my child's education records in order to help provide the most effective and comprehensive academic support.

Parent/Guardian Signature: _____ Date: _____